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(Re	questor's Name)	
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Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: GOOD	an LIC		
SUBJECT: OUM	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Juliana R	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	·
	18039 SW 3	Oth COUL- Address	. <u>. </u>
	Miramar F	L 33019 City/State and Zip Code	-
	Juliana Or E-mail address: It	Orintex : Not to be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	all:	
Jujana R Name of P	erson erson	at (305) 604.50 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Sec	
D:		Division of Con-	- aration c

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gasodan L	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number 115000 88 910.	wwere filed on S/19/2615 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4506 N. Hiadus Rd 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	3 SW 30 ^{+h} Court Enter Florida street address
Miran	City , Florida 33059
and the second of the second o	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

hanging Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
$\overline{\mathcal{D}}$	Juliana Ruiz	12037 SW30th Court)X (Add
		Miramar FL 33029	□Remove
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ecord specifies a del s filed.	ayed effective date, t	out not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after t	the
ted	26	re of a member or auth	·			

Filing Fee: \$25.00